Reviews

A STUDY OF NATIONAL HEALTH INSURANCE

National Health Insurance. A Critical Study. By Hermann Levy. (Pp. 366. 18s.) National Institute of Economic and Social Research. Economic and Social Studies, IV. Cambridge University Press. 1944.

This is a searching examination of our National Health Insurance system by a staunch believer in the principle of health insurance who has a remarkable acquaintance with the working of similar systems in other countries. It is fully documented. Prof. Hermann Levy characterizes our system as "costly, wasteful, and overlapping," and ascribes these defects chiefly to the admission of the approved societies to such a prominent place in its administration. The price paid for their support, which apparently for political reasons could not be avoided, was that it entailed a flat rate of contribution. If an adequate range of medical benefit had been made available, a flat rate would have been actuarially impossible. Its effect was "levelling down the statutory benefits to cover only the average basic incidence of sickness—the lowest common factor." Continental systems which adopted the method of aggregation of contributors into regional and occupational groups, with elasticity in contributions and in benefits in accordance with the risks involved, have been able to give a much wider range of medical benefit. Our "Additional Benefits" he considers to have failed lamentably to fill the serious gaps left in normal medical benefit; and as a consequence "medical benefit is bolstered up by charity and voluntary effort." Medical benefit, in his opinion, plays the vital part in any health insurance scheme. "The more effective the scheme is medically, in physical terms, the less costly it would be financially in terms of cash." He condemns the inequalities imposed upon contributors, for "it is contrary to conditions of purchase and sale that for the same contribution one purchaser may receive less than another." By eliminating the approved societies and grouping contributors in regional and occupational groups, he claims, and gives good reasons for his belief, that we should save (*a*) in administrative expenses, (*b*) by shortening the duration of sickness through more efficient treatment, (*c*) by the change from the piling up of actuarial reserves to a yearly assessment of probable liabilities with any consequential alteration of contribution, and (*d*) by making the Workmen's Compensation responsible for the cost of treatment for injured workmen.

Prof. Levy quotes freely the B.M.A. and other critics of our system, but is of the opinion that they have missed the fundamental defects to which he calls attention. He thinks that the doctors are underpaid and that the method of payment is unsatisfactory. He favours a system of payment by attendance, but on this point he is far from definite. He mentions with approval the abandoned Manchester and Salford system of payment, but either does not know, or does not give sufficient weight to, the reasons which led to its abandonment. He has no use for the salaried doctor, and says, "There is no reason to suppose that a State doctor practising for a number of insured persons would be the ideal solution."

In his last chapter the author says the book was written before the Beveridge report (to which he pays generous tribute) was published; but in spite of the glowing prospects held out by that report he does not favour any system which depends on a flat rate of contribution. He ends by saying that the Government will have to decide between (*a*) a centralized plan with fundamental assumptions and financial implications which are difficult to foreshadow, and (*b*) one working on clearly assessable risks to be met by integrated local and occupational funds and with variable contributions. He thinks it would be better to organize our system "not from the roof but from the ground." Whatever may happen to the proposed comprehensive health service, the author can congratulate himself on a sound piece of constructive criticism and on having drawn attention to many defects in our present system which ought to have great weight in contemplating a new one.

MAN, SOCIETY, AND RELIGION

Man, Society and Religion. An Essay in Bridge-building. By W. Russell Brain, D.M., F.R.C.P. The Swarthmore Lecture, 1944. (Pp. 77. 3s. 6d. cloth covers; 2s. 6d. paper covers.) Published for the Woodbrooke Extension Committee by George Allen and Unwin.

This is a Swarthmore Lecture and so is necessarily concerned with the Quaker attitude. All may not share this point of view, too many do not understand it, but few can withhold admiration for the steadfastness and high motives of the Society of Friends. The "text" for the lecture is, "We are members one of another," and here members are not the loose associates of a club but limbs of a body without each of which and without the contribution of each the body cannot function properly. We are each responsible to all. Like the cells of a multicellular organism the individual is essential to the group. It is the business of psychology to guide the interactions of the individual and to define how they may best contribute to the group mind. All too little is known about this, but increased knowledge is essential for the progress of mankind. Altruism does seem to be a natural function of man, but it requires direction. The Quakers have done much as pioneers to direct this altruism, and the story of social progress in the last century has shown how it is gradually leavening the masses; but the possibility and the realities of war show that the bounds of altruism are still far too narrow. Suttie has pointed out that the infant requires to give as well as to take, and so does every adult. Individual independence, so much lauded by the generation responsible for the consequences of the industrial revolution, is really quite impossible, and social security must ultimately be based on the recognition of the essential interdependence of all individuals and all classes of society.

So with international security. Force cannot ultimately succeed unless all nations agree to be subject to discipline, as the majority of the citizens of this country agree to be subject to the discipline of the law and the police. Aggression will not be curbed until peoples no longer want to be aggressive. This, as most people know, is the Quaker ideal. After a discussion of the Quaker form of worship Dr. Russell Brain points out the need for revaluing and revitalizing the inner subjective world which science has done so much to discredit and repress. We must recognize the importance of the "inner light in the modern world," and no profession can turn its mind to this conception with greater advantage than can the medical profession, apparently so engaged with the practical scientific aspects of life yet drawing its inspiration from that inner force of altruism and love. We as doctors cannot, therefore, but be grateful for this charmingly written study, so provocative of thought, by a distinguished member of our own profession.

ELEMENTS OF ANATOMY AND PHYSIOLOGY

Elementary Anatomy and Physiology. By James Whillis, M.D., M.S., F.R.C.S. Foreword by T. B. Johnston, M.D. Second edition. (Pp. 280; illustrated. 15s.) London: J. and A. Churchill. 1944.

Anatomy and Physiology for Students of Physiotherapy, Occupational Therapy and Gymnastics. By C. F. V. Smout, M.D., and R. J. S. McDowall, M.D. (Pp. 418; illustrated. 30s.) London: Edward Arnold and Co.

Elementary Anatomy and Physiology by James Whillis, first published in 1938, has now reached a second edition. This, which follows the lines of the first edition, aims at presenting the facts of anatomy and physiology in "broad outline," and is published within the compass of a single volume of 280 pages. The succinctness of the first edition has been maintained in the second, notwithstanding additions, such as examples, with special illustrations, of the action of certain groups of muscles in co-operation with controlling groups of opposing muscles which regulate the action of the primary group—e.g., walking, or standing on one foot. Some sections have been revised and some rewritten, more particularly those dealing with digestion, metabolism, and vitamins. Owing to the limited size of the book the description of some organs and physiological processes may seem to have been curtailed too drastically. By reason of the lack of illustrations showing the histological structure of such organs as the internal secretory glands, and the omission of many of the chemical formulae which form the basis of the organic chemistry concerned in digestion and metabolism, beginners may find difficulty in fully understanding and picturing for themselves the objects and the processes described in the text. The illustrations on the whole

are good, but some are apt to give a false impression because there is no delineation of structural texture. Thus some give no indication of muscle fibres, the muscular tissue being left white while the glistening white tendons are represented black. Considered as a whole the author has succeeded in packing a large amount of essential information into a small space, and the book contains much that the type of student for which it is written should know.

Anatomy and Physiology for Students of Physiotherapy, Occupational Therapy and Gymnastics has been written by Dr. C. F. V. Smout, University of Birmingham, and Prof. R. J. S. McDowall, University of London, King's College, to supply a textbook of moderate size, the scope of which will correspond to the syllabus drawn up by the Chartered Society of Massage and Medical Gymnastics—now called the Chartered Society of Physiotherapy. The anatomical section occupies about three-quarters of the book, while the physiological section is comprised in an excellent epitome of this subject occupying rather less than 100 pages. The text is clearly written, and the illustrations, many of which are coloured, are well adapted for the use of students who in general have no opportunity of dissecting for themselves the regions depicted. In a book specially designed for people who will be engaged in treating muscular defects, and deformities such as wry-neck, scoliosis, and kyphosis, one would expect the relations of the muscular attachments to the movements that take place at the joints concerned to be considered in greater detail; one finds, however, that with few exceptions the actions of muscles with respect to leverage, fixation points, axes of rotation, angular movements, and the planes in which gliding movements can occur receive scant attention. This is particularly the case in the description of the action of the sternomastoid muscle and the muscles at the back of the neck, the action of which, in co-operation with the muscles of the suboccipital region, is not mentioned. Nor are the occipito-atlantal and atlanto-axoidean joints specially described. There are also too many mistakes belonging to the categories of incorrect labelling, misprints, omissions, and errors arising from too diagrammatic illustrations. These defects can, however, be corrected in reprints or later editions, and the book may be recommended as giving a good elementary knowledge of anatomy and physiology such as is required by the above-mentioned syllabus.

Notes on Books

Aids to Theatre Technique is a member of the Aids Series written for the nurse in training (Baillière, Tindall and Cox; 4s.). By covering the syllabus of the General Nursing Council this series constitutes a textbook of nursing, but the present book, by MARJORIE HOUGHTON and MARGARET HARDING, is complete in itself and should be a valuable guide to anyone called on to undertake the work of a theatre sister. It is a product of University College Hospital, and it is pleasing to note the reference to the names of past distinguished members of its surgical staff such as Victor Horsley and Wilfred Trotter. The text is clear and concise and the illustrations are good, the many and excellent photographs constituting one of its most attractive features. A few errors are noticeable; thus all Moynihan's forceps had circular ring handles, Halsted (p. 237) is spelt incorrectly, likewise Morison (p. 240). Proof-reading has not been all that it might have been; two misprints occur on page 190 alone, and the index is incomplete. Kocher's thyroid enucleator is so called in one place and in another illustrated as Kocher's plain enucleator. This instrument is, we believe, usually known as Kocher's dissector. The authors and publishers, however, are to be congratulated on producing, particularly at the present time, such a well-illustrated and attractive little volume at such a low price. It should prove very popular with the nurse in training.

Volume LXIII of the *Transactions of the Ophthalmological Society of the United Kingdom* covers the session 1943 and is published by J. and A. Churchill at 40s. The contents include papers and discussions at the annual congress, when the main subjects were thyrotoxicosis in relation to ophthalmology and the scientific and clinical aspects of night vision; a report of the joint clinical meeting with the Section of Ophthalmology of the Royal Society of Medicine, with its miscellaneous bill of fare; and a report of the Oxford Ophthalmological Congress, 1943, at which Prof. E. D. Adrian gave the Doyne Memorial Lecture entitled "The Dominance of Vision." The volume also includes transactions of the North of England Ophthalmological Society and of the Irish Ophthalmological Society.

Polinosis, by L. HERRAIZ BALLESTERO and J. VICTOR MONTICELLI, is published in Buenos Aires by Libreria Hachette S.A. According to a foreword by Prof. C. Jiménez Díaz of Madrid, pollen allergy is particularly common in the Argentine Republic. In this monograph on pollinosis, a physician and a botanist report the results of a joint investigation of pollen allergies as they are seen in Argentina. The book is divided into two main sections, of which the first deals with the regional flora (including atmospheric pollen studies), and the second is concerned with clinical manifestations, diagnosis, and graph on pollinosis a physician and a botanist report the results of this is not a general treatise on pollen allergy; it is concerned solely with the problem as it occurs in Argentina. This necessarily sets a limit upon the interest of the work to readers in other countries. The bibliography, which is singularly weak in any but Spanish-language references, gives details of papers to be published by the same authors on findings in particular regions.

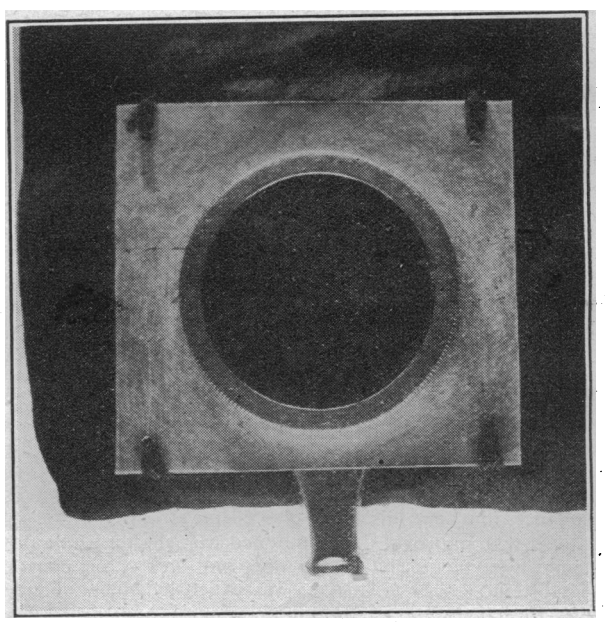
Preparations and Appliances

DEVICE FOR SPHYGMOMANOMETRY IN ANAESTHESIA

Dr. A. OWEN-FLOOD, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M. (Crouch End, N.8), writes:

Perhaps I am more unfortunate in my use of adhesive tape than other anaesthetists, but I find it adheres to everything except the patient. The system of attaching the chest-piece of the stethoscope in the conventional position over the cubital fossa by this medium has resulted in my taking the blood pressure of the leg of the operating table, the plaster being unfaithful to the arm as usual.

The illustration shows an "all in one" device for taking pressure by the auscultation method. A plate 2 in. square is cut out to receive a "mica type" chest-piece. The aperture



fits neatly around the thread, and the plate is retained by screwing home the bezel of the chest piece. Convenient holes are drilled in the plate, and it is sewn to the lower angle on the border of the wide part of the fabric containing the inflation bag. The apparatus will thus be applied with the first winding of the inflation cuff, on the medial side of the upper arm over the brachial artery, and will be firmly fixed in position by winding the fabric around in the ordinary manner.

To avoid the trailing of numerous lengths of rubber tubing from the chest-piece to the ear-pieces, and from the inflation bag to the sphygmomanometer, I have connected these tubes by a pair of what is known in the trade as "male and female joints." These joints are routine fittings on the sphygmomanometer of the mercury column type. That connecting the ear-pieces to the chest-piece should be of a calibre not less than 3/16 in.

To use the apparatus all that is necessary is to "plug in" by connecting the joints, and take the pressure in the ordinary manner. This device renders it unnecessary to remove the arm from the side, or otherwise disturb the patient.